REFLECTIVE NARRATIVE

Out of Reach, Out of Hand, and Out of Mind: Reflections on Perspectives of Health in Rural India

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Having returned to Angadickal, a rural village situated in the outskirts of Pathanamthitta, a town in southern mainland India, where I had spent six years of my life before eventually immigrating to Canada, I experienced a reverse culture shock. Perhaps my clinical shadowing and research internship placement experiences in Canada throughout my undergraduate and graduate training made my return to India's healthcare scene somewhat extravagant and eye-opening. The disparity between India's rural and urban healthcare system is something I believe most people find quite easy to distinguish – more often than not, rural healthcare is on its last legs.

As a part of a four-week volunteer service program, I shadowed a primary care physician at a private practice close to my residence. It was 07:30 AM in the morning in early May when I awoke under the heat of the scorching sun. Abiding by my daily routine, I would open up as soon as I woke up. Typically, we didn't have many visitors – usually four or five patients scattered throughout the day at most – however, today was different. It was still early in the afternoon when a patient arrived with heavy external bleeding. He was a late middle-aged man who had his hand wrapped around with his shirt, which was stained in red and blood was falling to the floor as he entered. He was ostensibly distressed and desperate for treatment, but our clinic clearly didn't have what we needed to manage his deep open wound, which had partially exposed the outer surface of his radius. From what we gathered, the nature of his injury was construction-related and when I saw sawdust and pieces of wood that needed to be cleared, I recognized immediately that this would evidently be outside of our scope of practice.

Given the nearest public hospital was roughly 10 km away and calling an ambulance would unquestionably take longer for it to come into the village from the hospital and make a round trip back, the best option was to call a local rickshaw. Given his circumstances and occupation, I could tell that seeking private care was out of question for him. Due to his insistence for painkillers, my preceptor and I gave him an elastic wrap bandage to help control the bleeding and paracetamol tablets. We urged him to seek care from the public hospital for his wound but he was reluctant to travel for his injury, even after we informed him about the increased risk for infection.

At this point, what astonished me the most was that he had begun to leave shortly after he received the painkiller, expressing his gratitude – he was convinced that covering up the wound was the best possible treatment for his injury. He reminded me of my grandpa, who was adamant that he would never go to a hospital even if he had to face anguishing pain. No matter how I tried to convince him, the lack of awareness or education there made it impossible for me to explain myself and the cogency of my concerns. He made me think back on other villagers I knew and brought me to a realization that this may have well been a communal thought both shared and entrenched in much of the older generation, which I was powerless to argue against.

A week later, he dropped by the clinic on his trip to the grocery store and showed us that his limb had to be amputated below the elbow. It appears that his adult kids were concerned about his injury and persisted for him to get it checked out at the public hospital just in case. When they arrived at the hospital, he required immediate surgery and the infection had progressed too far and irreversibly. I was then left wondering if I could have done something differently to get him immediate care that would have prevented him from losing a hand.

Within the village itself, knowledge even about hospitals and government-funded services was quite limited. Accessibility and even information about when one should visit the clinic or go to the hospital was but another barrier to the entire process. In addition to this lack of knowledge and awareness, the entire community relied extensively on traditional medicine. Perhaps, one common sentiment was that a wound can be treated if covered up or if a full cup of ginger tea was served.

In contrast, health care in Canada provided individuals with the practical knowledge and tools to deal with such emergencies. Additionally, the accessibility of services such as ambulances and hospitals in close proximities, even in rural areas, plays a huge role in equipping the public with basic health care resources they need to respond in similar situations. I believe the contemporary global health care system is characterized by a patent disparity geographically not only in terms of resource accessibility, but also with regards to the quality of care and understandings of health care within the community. In theory, like the issue of socioeconomic disparity, I believe these resources should be available to every individual in the world. Ultimately, the responsibility to make this a reality relies on fair resource distribution ethics and falls on those that possess the tools and technology to implement change.